

<i>SERFF Tracking Number:</i>	<i>AULD-125634723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38882</i>
<i>Company Tracking Number:</i>	<i>FIALUMPSUMBEL</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Group Annuity Amendment</i>		
<i>Project Name/Number:</i>	<i>Group Annuity Amendment/FIALumpsumBEL</i>		

Filing at a Glance

Company: American United Life Insurance Company

Product Name: Group Annuity Amendment SERFF Tr Num: AULD-125634723 State: ArkansasLH

TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable SERFF Status: Closed State Tr Num: 38882

Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: FIALUMPSUMBEL State Status: Approved-Closed

Filing Type: Form Co Status: Submitted to State Reviewer(s): Linda Bird

Authors: Angie Neville, Danita Disposition Date: 05/07/2008

Ragland-Hatton, Nelvia Washington

Date Submitted: 05/05/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Group Annuity Amendment

Project Number: FIALumpsumBEL

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Pursuant to Indiana Regulations IC §27-1-12.5-1 and Bulletin 93, this type of group annuity form is exempt from filing in the state of Indiana, our state of domicile.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/07/2008

State Status Changed: 05/07/2008

Corresponding Filing Tracking Number:

Filing Description:

May 5, 2008

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>AULD-125634723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38882</i>
<i>Company Tracking Number:</i>	<i>FIALUMPSUMBEL</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Group Annuity Amendment</i>		
<i>Project Name/Number:</i>	<i>Group Annuity Amendment/FIALumpsumBEL</i>		

Arkansas Department of Insurance/Policy Forms Filings

Policy Form Filing

1200 West Third Street

Little Rock, AR 72201-1904

Re: American United Life Insurance Company (AUL)

AUL's NAIC #60895 and FEIN #35-0145825

Form FIALumpsumBEL, Amendment to Group Annuity Contract

Dear Sir or Madam:

Our new form FIALumpsumBEL is being submitted for filing and approval for filing and approval. We are submitting the form in "John Doe" fashion, with any variable information displayed in bold-face type within brackets. Pursuant to Indiana Regulations IC §27-1-12.5-1 and Bulletin 93, this type of group annuity form is exempt from filing in the state of Indiana, our state of domicile.

This amendment form will be used with the group annuity contracts that have been previously approved by your office, as identified in the table below. The target market for these group annuity contracts consists of plan sponsors in your state eligible to provide tax-qualified retirement or other employer-provided benefit programs for their current employees, former employees, and/or retirees.

The following is the filing approval information for the group annuity contract forms:

Form #	SERFF #	State Tracking # (if applicable)	Approval Date
GB8.OM-Ku-FIA3121SpPportAULD-125425715	37856	1-17-08	
GB8.OM-Ku3121SpPayportAULD-125433372	37867	2-29-08	
GB-10KuportFA AULD-125491169	38187	2-28-08	
GB-10KuportVA AULD-125500736	38228	2-29-08	
GBregKuPortVA AULD-125591634	38581	4-11-08	

SERFF Tracking Number:	AULD-125634723	State:	Arkansas
Filing Company:	American United Life Insurance Company	State Tracking Number:	38882
Company Tracking Number:	FIALUMPSUMBEL		
TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable	Sub-TOI:	A02.1G.002 Flexible Premium
Product Name:	Group Annuity Amendment		
Project Name/Number:	Group Annuity Amendment/FIALumpsumBEL		

The group annuity contracts listed above currently allow only installment payments from the Fixed Interest Account (FIA) upon contract termination. Certain clients are now requesting the option of a lump-sum payment from the FIA upon contract termination.

To accommodate these clients, we are filing an amendment to the contracts that will add a lump-sum payment option from the FIA at contract termination, with a 5% withdrawal charge. This withdrawal charge is filed as a variable, so that we can have the ability to adjust this charge from 0% to 8% should future administrative costs or market conditions warrant.

American United Life has reviewed the form and believes, to the best of its knowledge, that the form is both consistent with the laws and regulations of your state and in compliance with those laws and regulations. The form contains no unusual or possibly controversial items deviating from normal company or industry standards.

If there are any questions, please let me know. We look forward to receiving your response. Thank you for your assistance with this filing.

Sincerely,

Nelvia Washington, FLMI, ACS, AIRC, CCP
Senior Contract Analyst
Corporate Compliance & Market Conduct

E-mail: productcompliance.corporatecompliance@oneamerica.com /Tele: (877) 285-7660 (x1550) /Fax: (317) 285-5510

Company and Contact

Filing Contact Information

Nelvia Washington, Senior Contract Analyst Nelvia.Washington@oneamerica.com

<i>SERFF Tracking Number:</i>	<i>AULD-125634723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38882</i>
<i>Company Tracking Number:</i>	<i>FIALUMPSUMBEL</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>Group Annuity Amendment</i>		
<i>Project Name/Number:</i>	<i>Group Annuity Amendment/FIALumpsumBEL</i>		

One American Square	(317) 285-1550 [Phone]
Indianapolis, IN 46206	(317) 285-5510[FAX]

Filing Company Information

American United Life Insurance Company	CoCode: 60895	State of Domicile: Indiana
One American Square	Group Code: 619	Company Type:
P.O. Box 7127		
Indianapolis, IN 46206	Group Name:	State ID Number:
(877) 285-7660 ext. [Phone]	FEIN Number: 35-0145825	

SERFF Tracking Number:	AULD-125634723	State:	Arkansas
Filing Company:	American United Life Insurance Company	State Tracking Number:	38882
Company Tracking Number:	FIALUMPSUMBEL		
TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable	Sub-TOI:	A02.1G.002 Flexible Premium
Product Name:	Group Annuity Amendment		
Project Name/Number:	Group Annuity Amendment/FIALumpsumBEL		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American United Life Insurance Company	\$20.00	05/05/2008	20101645

<i>SERFF Tracking Number:</i>	<i>AULD-125634723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38882</i>
<i>Company Tracking Number:</i>	<i>FIALUMPSUMBEL</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Group Annuity Amendment</i>		
<i>Project Name/Number:</i>	<i>Group Annuity Amendment/FIALumpsumBEL</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/07/2008	05/07/2008

<i>SERFF Tracking Number:</i>	<i>AULD-125634723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38882</i>
<i>Company Tracking Number:</i>	<i>FIALUMPSUMBEL</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>Group Annuity Amendment</i>		
<i>Project Name/Number:</i>	<i>Group Annuity Amendment/FIALumpsumBEL</i>		

Disposition

Disposition Date: 05/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AULD-125634723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38882</i>
<i>Company Tracking Number:</i>	<i>FIALUMPSUMBEL</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Group Annuity Amendment</i>		
<i>Project Name/Number:</i>	<i>Group Annuity Amendment/FIALumpsumBEL</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Group Annuity Amendment		Yes

SERFF Tracking Number: AULD-125634723 State: Arkansas

Filing Company: American United Life Insurance Company State Tracking Number: 38882

Company Tracking Number: FIALUMPSUMBEL

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: Group Annuity Amendment

Project Name/Number: Group Annuity Amendment/FIALumpsumBEL

Form Schedule

Lead Form Number: FIALumpsumBEL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FIALumpsumBEL	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Group Annuity	Initial		0	MidAmerica FIA Lump-Sum 5% BEL Contract Term Option Amendment ver 2 (4-29-08).pdf

AMENDMENT
TO
GROUP ANNUITY CONTRACT
NUMBER G[insert Contract number here]
(THE CONTRACT)
ISSUED BY
AMERICAN UNITED LIFE INSURANCE COMPANY (AUL)
TO
[insert Contractholder name here]
(THE CONTRACTHOLDER)

This Amendment is effective as of [insert correct date here].

AUL and the Contractholder hereby amend the Contract by adding the following Contract termination payment option to the "TERMINATION OF CONTRACT" Section of the Contract:

If you terminate the contract, you may elect to have us pay you your FIA Withdrawal Value in a lump-sum upon contract termination. Such FIA Withdrawal Value will be determined on the termination effective date and paid within 7 days from the termination effective date, except as we may be permitted to defer payment in accordance with appropriate provisions of the federal securities laws. Notwithstanding the definition of "Withdrawal Charge" in contract "SECTION 1 – DEFINITIONS," and solely for purposes of determining the FIA Withdrawal Value under this payment option, the Withdrawal Charge is equal to [5%] of the FIA Account Value withdrawn under this payment option.

CONTRACTHOLDER

AUL

By_____

By_____

Title_____

Title_____

Date_____

Date_____

<i>SERFF Tracking Number:</i>	<i>AULD-125634723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38882</i>
<i>Company Tracking Number:</i>	<i>FIALUMPSUMBEL</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Group Annuity Amendment</i>		
<i>Project Name/Number:</i>	<i>Group Annuity Amendment/FIALumpsumBEL</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AULD-125634723 State: Arkansas
Filing Company: American United Life Insurance Company State Tracking Number: 38882
Company Tracking Number: FIALUMPSUMBEL
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Group Annuity Amendment
Project Name/Number: Group Annuity Amendment/FIALumpsumBEL

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Certification/Notice		05/05/2008
Comments:		
Attachment:		
2007 Transmittal Document.pdf		
	Review Status:	
Bypassed -Name: Application		05/05/2008
Bypass Reason: A application is not applicable for this filing.		
Comments:		
	Review Status:	
Bypassed -Name: Life & Annuity - Acturial Memo		05/05/2008
Bypass Reason: A actuarial memo is not applicable to this filing.		
Comments:		
	Review Status:	
Satisfied -Name: Statement of Variability		05/05/2008
Comments:		
Attachment:		
MidAFIA LumpSum 5% BEL ContrTerm OptAmdv Stmt of Var(SOV)ver 2 (4-29-08.pdf		

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	American United Life Insurance Company P.O. Box 368 Indianapolis, IN 46206-0368	IN			60895	35-0145825	
4.	Contact Name & Address	Telephone #		Fax #		E-mail Address	
	Nelvia Washington (same address as above)	1-877-285-7660 x 1550		317-295-5510		productcompliance.corporatecompliance@oneamerica.com	
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	FIA lump sum BEL					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____						
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large </div> <div style="width: 45%;"> <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	A02.1G Group Annuities – Deferred Non-Variable and Variable					
10.	Product Coding Matrix Filing Code	A02.1G.002 Flexible Premiums					
11.	Submitted Documents	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <p><u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>					

		<input type="checkbox"/> Other _____	
12.	Filing Submission Date		
13	Filing Fee (If required)	Amount	\$50.00
		Check Date	5/5/08
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number	EFT
14.	Date of Domiciliary Approval	Pursuant to Indiana Regulations IC §27-1-12.5-1 and Bulletin 93, this type of group annuity form is exempt from filing in the state of Indiana.	
15.	Filing Description:		

May 5, 2008

Arkansas Department of Insurance/Policy Forms Filings
 Policy Form Filing
 1200 West Third Street
 Little Rock, AR 72201-1904

Re: American United Life Insurance Company (AUL)
AUL's NAIC #60895 and FEIN #35-0145825
Form FIALumpsumBEL, Amendment to Group Annuity Contract

Dear Sir or Madam:

Our new form *FIALumpsumBEL* is being submitted for filing and approval for filing and approval. We are submitting the form in "John Doe" fashion, with any variable information displayed in bold-face type within brackets. Pursuant to Indiana Regulations IC §27-1-12.5-1 and Bulletin 93, this type of group annuity form is exempt from filing in the state of Indiana, our state of domicile.

This amendment form will be used with the group annuity contracts that have been previously approved by your office, as identified in the table below. The target market for these group annuity contracts consists of plan sponsors in your state eligible to provide tax-qualified retirement or other employer-provided benefit programs for their current employees, former employees, and/or retirees.

The following is the filing approval information for the group annuity contract forms:

Form #	SERFF #	State Tracking # (if applicable)	Approval Date
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GB-10KuportVA	AULD-125500736	38228	2-29-08
GBregKuPortVA	AULD-125591634	38581	4-11-08

The group annuity contracts listed above currently allow only installment payments from the Fixed Interest Account (FIA)


upon contract termination. Certain clients are now requesting the option of a lump-sum payment from the FIA upon contract termination.

To accommodate these clients, we are filing an amendment to the contracts that will add a lump-sum payment option from the FIA at contract termination, with a 5% withdrawal charge. This withdrawal charge is filed as a variable, so that we can have the ability to adjust this charge from 0% to 8% should future administrative costs or market conditions warrant.

American United Life has reviewed the form and believes, to the best of its knowledge, that the form is both consistent with the laws and regulations of your state and in compliance with those laws and regulations. The form contains no unusual or possibly controversial items deviating from normal company or industry standards.

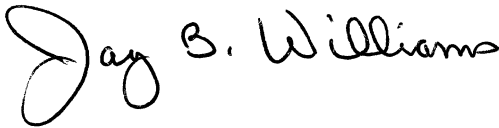
If there are any questions, please let me know. We look forward to receiving your response. Thank you for your assistance with this filing.

Sincerely,



Nelvia Washington, FLMI, ACS, AIRC, CCP
 Senior Contract Analyst
 Corporate Compliance & Market Conduct

E-mail: productcompliance.corporatecompliance@oneamerica.com /Tele: (877) 285-7660 (x1550)
 /Fax: (317) 285-5510

16.	Certification (If required)		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u> .			
Print Name	<u>Jay B. Williams</u>	Title	<u>Vice President & Director of Compliance</u>
Signature			
		Date:	<u>5/5/08</u>

LHTD-1, Page 2 of 2

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		FIALumpsumBEL
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Amendment to Group Annuity Contract	FIALumpsumBEL	<input checked="" type="checkbox"/> Initial	
	Amendment to Group Annuity Contract		<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

***American United Life Insurance Company – NAIC 60895
Amendment to Group Annuity Contract
FIA lumpsumBEL
Statement of Variability (SOV)
05-02-08***

Page	Description	Variable Explanation
1	John Doe information	Contractholder name/Group number/Amendment date
1	[5%]	This withdrawal charge is filed as a variable, so that we can have the ability to adjust this charge from 0% to 8% should future administrative costs or market conditions warrant.